

THE ADVOCACY KIT



For Advocates
in
Adolescent Sexual & Reproductive Health

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SECTION 1

This section introduces you to the role of Advocacy in national development. Advocacy operates in many different sectors of development: Adolescent Sexual and Reproductive Health (ASRH) is one such sector. It explains the environment of ASRH, and places you, an Advocate, in the middle. It will help you to see the wide landscape of your work.

1. The Purpose of the Kit

The Advocacy Kit, produced by Youth.now, is a Handbook for persons who wish to advocate for the improved Sexual and Reproductive Health of Adolescent. It is designed to help you to conduct Advocacy work at the community level. However, the guidelines can also be applied at the national or regional (Caribbean) levels.



The Kit places the Advocate at the centre of the transformation process

The Kit places you, the Advocate, at the centre of a transformation process. This process, if you are effective, can take the people you target from old positions, beliefs, policies, and actions to new attitudes that affect the decisions, laws, policies, and

services that support healthy positive adolescent development.

The Kit aims to point you, the Advocate, to the ways and means of achieving both the tangible (such as new services, products, laws, and policies), and the intangible (new perceptions, attitudes and actions) results.

2. Introduction

You may be wondering what is Advocacy?

Advocacy is the process by which we present a cause or case to gain support for that cause, and to change the beliefs and actions of the public or the special people that you target. Not surprisingly, a lawyer is usually regarded as an advocate. S/He is skilled in convincing a jury and judge of a person's guilt or innocence.

There are other advocates all around us, though we may not think of them in that light. A pastor, for example, works to gain the support of the members of his church. There are some politicians who do well at campaigning for the votes of their constituents. The more skilled the advocate is in the art of persuasion, the more support he or she is likely to gain, even from former detractors.

Who is an Advocate? The Advocate working in Adolescent Sexual and Reproductive Health (ASRH) is in a special category. In Jamaica, not much work has been done in this area. S/He can be described as a mature person (regardless of age), who believes **passionately** in "the cause", and is skilled in **persuasively** pleading the case, in order to influence new thinking, policies, or actions.

Advocates in Jamaica may be formally organized groups who lobby on behalf of children, or for justice for citizens. Such groups include Children First, Families Against State Terrorism (FAST) and Jamaicans for Justice. Others may be loosely organized to act only when needed, such as community residents demonstrating for services by blocking roads. (This is not recommended as a desirable way to organize advocacy action).

Who can become an Advocate for youth? Any adult or youth who is interested can express this interest to Youth.now or to any of the organizations working in the area of ASRH, such as the Youth Advocacy Movement in the parish of St. Ann. These organizations will guide you in their activities and give you the necessary orientation and reading materials.

Why do we advocate for Adolescents Sexual and Reproductive Health? Over time, government and civil society have realized that there are gaps in services offered to its citizens. Adolescents, in particular, continue to display social and sexual behaviours that place them and others at risk of pregnancy or infections. This, in spite of Family Life Education offered in school and programmes conducted by organizations such as Red Cross, Westhelp, and the National Centre for Youth

Development (NCYD) which deals with policy. Although the world of adolescents appears to be more uniformed because of the sexual messages marketed to young persons globally through the media, social relations have become more complex. The process of creating systemic harmony between needs and services can be referred to as working towards **transformation**.

Policies and services introduced in the last century need constant review and re-tooling to assess the impact on the human rights and well being of adolescents. Adolescents cannot vote before they are eighteen years, and can be overlooked as an “interest group”, with the exception of the importance of providing educational services. Many young persons fall through the cracks, if they drop out of school or are not part of community youth clubs. Advocacy for youth in ASRH is a vital means of giving voice to the needs of this silent group, and in accelerating the process of policy change and service provision for this group. Without this advocacy effort, adolescents, *and their children that they procreate*, remain at risk in terms of their total health and well being, perpetuating a cycle of poverty and problem.



3. The Framework of Adolescent Sexual & Reproductive Health (ASRH)

Jamaica participated in the International Conference on Population and Development (ICPD) in Cairo in 1994, and supported the definition of Reproductive Health, which came out of that conference. At that time a focus on adolescents was not evident.

Reproductive Health was described as a state of complete physical, mental, and social well being, and not merely the absence of disease in all matters relating to the reproductive system. Reproductive health, therefore, implies that **people** are able to have a satisfying and safe sex life, and that they have the capacity to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods for regulation of their fertility which are **not against the law**, and the **right** of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth, and provide couples with the best chance of having a healthy infant.¹

The implications of the above for adolescents were not articulated until 1995, when the Planning Institute of Jamaica (PIOJ) through the Population Policy Coordinating Committee devoted an entire section to adolescents. The committee noted the high risk and

¹ Levy B. Hardee K. Subaran S. "Analysis of the Legal, Regulatory, and Policy Environment for Adolescent Reproductive Health in Jamaica", Sept. 2001

negative reproductive health outcomes for adolescents, in the presence of certain behaviour patterns and in the absence of knowledge, or access to needed services and information, which could have long-term consequences. They specified that adolescents must be served according to their needs.

Adolescent Reproductive Health, as a conscious health and development framework in Jamaica, is just under a decade old (1994-2003). ARH has not been addressed in any one policy or convention, but gradually has become part of important international covenants. These include, in addition to the Programme of Action of the (1994) ICPD, the mid-decade Conference (1999) which followed the ICPD; the Convention on the Rights of the Child (1991); the Fourth World Conference on Women (1995), and the Caribbean Declaration of Adolescent Sexual and Reproductive Health and Rights (1998), bringing international agreement to the community level among others.

Your **programme goals, as Advocates**, are simply to improve the environment in which adolescents function, learn, and are affected by laws and policies. You will work to influence new positions among the key players within this environment. Ultimately, the aim is to achieve a delay in sexual intercourse and prevention of early and unwanted pregnancy and

sexually transmitted infections through increased access to needed services, information or products. This implies that existing barriers, whether the lack of Sexual Reproductive Health knowledge, a negative attitudes of adults and teens, or ambivalence in laws, policies, and service provision, are gradually removed.

The players in this effort, include adolescents themselves, parents, teachers, guidance counsellors, church personnel, social workers, community activists, politicians and policy makers, health service providers, private business people, and programme managers among others. They may or may not all see the landscape in the same way. Each group will have its own lens through which it views the world of ASRH and the roles it can play.

The Advocates' challenge is the building of consensus and coalitions where none exist, not for its own sake, but to influence change.



SECTION 11

This Section aims to help you to prepare for your work as an advocate, to identify which aptitudes and skills you already have, and which you will need to acquire.

It speaks to Advocacy as a process, clarifies what Advocacy is not, and begins discussing Networking, a key element in the process.

It also offers you a programming framework with steps to guide your growth as an Advocate.

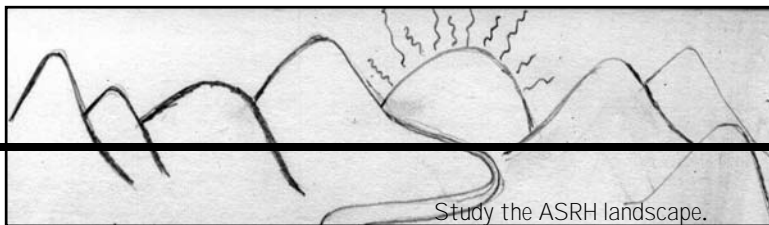
4. Knowledge and Skills Needed in Advocacy


You perhaps have natural aptitudes and a winning personality and want to be an Advocate. This is a start, but is not enough.

There is a body of knowledge that you will need to be familiar with, and skills you will need to acquire, through practice, in order to be an effective Advocate in ASRH.

First you will need to study the ASRH Landscape.

1. *Analyse relevant policies and laws,*
2. *Review recent research on adolescent sexual behaviour,*
3. *Plan your own research as needed, and*
4. *Identify where the main players are.*



 <h2 style="text-align: center;"><u>Studying the ASRH Landscape</u></h2>			
Step 1		Step 2	
Policy analysis What are the main issues affecting adolescents' SRH? Which priority laws or policies need changing or need to be implemented.	Do secondary research Locate and read recent studies on adolescents' sexual and reproductive behaviour and experiences.	Do your own research Conduct an informal study, (then formal, if you have the resources) of SRH issues with teenagers you know, or with a community you wish to work with.	Identify main players Who are the main "power-brokers" who have influence in the community besides the politicians? They are all throughout the public, private, and community sectors. Locate and meet some of them.

Step 3

Step 4

You may know, for example, either from your organization, from the UNFPA-Caribbean *Declaration of Adolescent Sexual and Reproductive Health and Rights*, or the IPPF *Charter on Sexual and Reproductive Rights*, that each citizen has the right of access to health care and/or services irrespective of sex, age, family position, and religion.

Secondly, you will need skills in order to influence young people in your communities to start thinking generally about rights and the related responsibilities.

What kind of skills do you need to help people understand and demand their rights? You need a pleasing personality and technical skills.

Some persons have great personalities, but limited technical skills. Similarly, some of us have much training and education, but lack the winning personality to influence and convince others of a cause. You will need both.

Personality Skills:

You will be more effective in building networks and persuading your opponents to consider your plan, if you exercise *listening skills and patience*.



Two main technical skills will guide your work:

Technical Skills:

Organizing

Be organized so that you can store information in a safe place and find and retrieve data when you need them.

A range of skills is useless if you are not **organized**.

Communication

Be a good communicator. You might have learnt from debating sessions in school, that the more effective the person is communicating, the more persuaded you are likely to be that their position is right.

*Believe deeply and passionately in
your work,
then it will be easier to acquire
the needed skills.*

More will be said about skills in the **Section on Tools**.
When in doubt in either skill areas, consult a trusted ally or fellow advocate.

Practice makes perfect.

5. Advocacy is a Process

Advocacy is a *process*, meaning it is a set of strategies and activities applied to meeting a policy goal.

If Advocacy is a process, consider what it is not:

- It is not a series of *events*;
- It is not a public relations campaign;
- It is not a political campaign;
- It is not a tool of public education for an organization or project.

It is a well thought out journey into transformation within which you play a role in influencing opinions, attitudes, and behaviours towards a *new and different landscape* (in this case ASRH).



A process is a sustainable experience, not a short-term event. It involves sharing responsibilities and power in a broad participatory network, using the skills of influence, persuasion, feedback, and follow-up.

This new environment towards which you are working is not a place, but is a dynamic experience of:-

1. Gaining credibility among the major players;
2. Working within your networks to plan for change;
3. Giving feedback to and following up with allies;
4. Negotiating shared priorities for action, and
5. Setting achievable goals at each stage of your work.

a) Building Networks

**Networking is a key element
in the
Advocacy process**

You may have gone to Ministries and institutions, including Youth.now, the National Family Planning Board, the Planning Institute, USAID or UN Fund for Population Activities (UNFPA) for information on Policy issues in ASRH, but you wonder now how to begin Networking.

The process of Advocacy is like an engine.
Its fuel is the Networks of which you are an active part.

Networking is like the hub in a wheel.
Networking may not be the first thing you do.
You may need to clean and prepare your engine
by analysis, research, listening and patient
communication. After that, you are ready to
begin building your Networks.



Prepare your engine.





Network Building

Here are some steps to guide you:

- ***Make a list of the persons you already know, for example, teachers, social workers, health workers, police officers, who are willing to support the “cause” or to help plan for a mutual “cause”.***
- ***Invite them formally to be part of a network structure and set a long-term goal and terms of reference.***

Indicate what input you want from them, and agree on the amount of time they can give (for teleconferencing and possibly monthly meetings).

- ***Before you can reach your long-range goal, you will need to set short-term goals.***

Limit the number of these. Ensure that each person is assigned a simple clear task to begin moving the process along. For example, some persons may have the responsibility to telephone or write a letter to one influential person. Later, persons within your network can follow up their initial contact with a face-to-face discussion, for example, with the local parish councillor. Having her/him as an ally is important.

b) Building Alliances

Building alliances is slightly different from building a network.

You may want to identify and recruit allies who are not formally a part of your network, for example, a University Professor, or Senior Official in Government. They may function as your Advisors. The fact that they hold key positions inside organizations means that they can clear blockages, send you needed documents, monitor where your submissions have reached, or refer you to another influential person.

c) Developing an Advocacy Plan

Defining an active plan for your network is important

Eventually, after this foundation is built, you and your key allies within your network would be advised to spend some time developing an Advocacy Strategy Plan.

6. Developing an Advocacy Strategy – Key Steps

First, what is an Advocacy Strategy?

Think of it as a series of advocacy initiatives. Each initiative requires two steps before it matures.

They are:

1. Research on policy issues and their effect on adolescents, and
2. Planning within your network, for long range change and short range actions



Advocacy work flows from:

There is a flow to advocacy work. Know where you are.

These steps encompass Research and Planning.

There are overlapping aspects to this flow. Each step is dynamic, and you can always return to an earlier step.

You will pick up more understanding of where you are in the transformation process as you work. At each phase, you move forward with confidence.

Being familiar with main policy issue and their effect on adolescents

to

Prioritising policy issues that adversely affect ASRH.

to

Verifying whether those priorities affect communities in which to work.





to

Understanding what has already been done.

to

Understanding what needs to be done, and the different roles within your network group.

Below are three examples of how you could begin to organize your work:

Analyse from documentary evidence – laws, policies, publications.	Assess whether impact on adolescents and their families is positive or negative.	Plan within your Network for a corrective action.
		
Identify gaps in the ASRH landscape in your region of the country.	Assess effectiveness of the ASRH, or SRH work over time.	Strategize within your Network for different steps you may take and what could result.
		
Research in specific ways how the policy environment treats adults compared to adolescents in terms of SRH.	Record from interviews the statements of both groups on SRH services.	Assign within your Network, different short-range interventions, which test your skills of influence and persuasion to promote change.
		
		

Now look at the three steps in more detail:

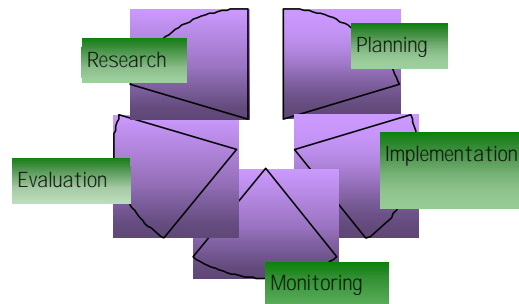
Assess Policy Issues	Assess Impact	Design your Advocacy Strategy
1. The government has ambivalent laws/policies on ASRH.	Adolescents' function – e.g. rate of teen pregnancy; growing rate of HIV/AIDS among teens; research what has been done nationally/internationally and what works. Assess impact on males vs. females Limited or unfriendly access to youth-friendly ASRH services.	Identify covenants and conventions ratified by the Jamaican Government in international Conferences, which can be used to lobby Government to shift their position.
2. No organized network in your parish working on ASRH.	Pressure on the few who work in this area.	Identify agencies and power movers working in related areas e.g. NFPB National AIDS Program, and locate local representatives. Approach, at local level, persons who could be part of your networking to change laws.
3. Service providers, parents, church leaders, community leaders unwilling to take stand on ASRH; would prefer abstinence but do not know how to achieve this. FLE in schools inadequate and offered too late.	Confusion among adolescents because of double message and double standards, i.e. "abstain" but few services exist to guide them in this direction.	Speak with parents at the PTA and with leaders at church or community meetings. Speak with adolescents separately. Build alliances and plan for dialogue between both groups.

7. Applying a Programming Framework to your Work

Advocates for improved ASRH in Jamaica are still at an early stage of development and they are still testing their skills.

Youth.now and other partners in RH operate within a logical programme framework, which you may find helpful.

The programming guideline involves **five** basic components. They are:



Research- (or information gathering) at the local level among the group you wish to target, or issue you wish to study. This **MUST** precede strategic or activity planning.

The research phase can also be referred to as the problem analysis or situation analysis phase. For purposes of Advocacy, however, it is suggested that you not set out to look for *problems*, but to look with neutral eyes at the situation, and always look for *possibilities*.

All of what you collect or record at this stage forms your baseline **information**. This is your start line. All changes and progress can be measured against this body of information.

1. *Planning- comes close on the heels of understanding gained from research of your contact, target group, or policies/laws and their impact.*

So you have a plan, for example, to facilitate communication between parents and adolescents, or service providers and adolescents on Sexual and Reproductive Health issues.

A Plan is considered Strategic if it has long range reach, and is focused on getting the most effective results (for example from power brokers) given the (limited) time

2. The next step *is Implementation*. The first time you test your implementation strategy may feel like the hardest. It gets easier and everyone learns as you go along. At this stage you actually execute a plan. See the section below, which offers more guidelines on implementation.
3. *Monitoring* takes place **at the same time** that you are engaged in the implementation of your strategy. Your programme process will be enhanced if you have Advocates or allies assigned to focus on *monitoring* the process as it unfolds. These “*process monitors*” are vital to record not only what was said, but to highlight the major points of contention and consensus. These persons can be trained over time to become more analytical, and less descriptive, in their monitoring work. With effective monitoring, it becomes more possible to track results.
4. *Evaluations* take place during and after the interventions are over and are best conducted by an independent evaluator. Many lessons can be learned at this stage, which improve future programmes/project designs.



8. Tools of Your

Advocacy:

Personal Tool Box

The key to being an effective Advocate is not in what you know, but **how you do it.**

Pull from your **Tool Box** this general guideline:

i. Be flexible

Flexibility also allows you to **listen** to all sides.

ii. Know yourself before you try to change others or the environment of ASRH.

What kind of person are you?

Argumentative, shy, not sure where you stand on issues, rigid in your positions about sexuality, open and flexible? You could do an exercise with other Advocates, where you draw from a hat, possible personality traits that you or others may have. Discuss whether these traits

can enhance or detract from your work as an Advocate. Plan ways to practice different behaviours or strengthen traits that are useful but underdeveloped.

- iii. Know where to **locate information** about contact, communities, policies, or sectors.

Do not think that, because you are involved in Implementation that the Research phase is over. Research is ongoing.

Research Studies relevant to your work take place at three levels –

- *local,*
- *national, and*
- *international*

After sourcing needed information from the national and international levels – this is called secondary

you

on

this

Tips on where to source secondary data:

- University of the West Indies
(for sociological studies on the history of how our sexual attitudes, and contradictions were formed since plantation slavery.)
- Surfing the Internet
- Organizations such as Youth.now, The National Family Planning Board, or the Ministry of Health
- Your local library, or bookshops in main towns that can order what you need

*research,
may
wish to
conduct
your
own
research
the
ground -
is called*

primary research, and it helps to clarify what you have studied as you prepare for the Planning stage.

- iv. Use the skills of observation, especially in a difficult community that you wish to know more about.

Observational study is a powerful tool in qualitative research.

- v. **Get help** in designing a simple questionnaire.

Try to include in your Network group or Allies, someone with research skills, whose main contribution could be to help you design and analyse questionnaires.

When possible, compare all findings from your primary research by age, sex, and other variables such as region of the island, educational status, etc.

- vi. **Build credibility** among the key groups and individuals you wish to influence. You will do this by keeping your word, giving feedback when promised, acting professionally, and by speaking the truth about what you can and cannot do.

Clarify that you are not a politician, and cannot build a playground, or fix buildings, but are willing to listen to their experiences and needs.

- vii. **Focus and target clearly at each stage.**

Select one topic that you will focus on at one time. For example, you may wish to examine how key groups feel about the seeming conflict between ***the law dealing with the age of consent and the human rights of adolescents*** to access ASRH services, as outlined in International Covenants signed by our Government.

Target different groups in the community and if possible have separate discussions with them. Your message may be different for the politicians, service providers, FLE teachers, parents, and church and community leaders, the security force, ministry officials and so on.

You should focus primarily on the policymakers and government officials who are the ones responsible for programme and policy changes instead of the adolescents who are the intended beneficiaries

vii. Use a participatory planning approach. Plan with, not for.

Clearly target the situation and individuals or groups you want to affect. Consider ***adolescents, policy makers, parents, teacher, and health service providers and plan with them whenever it is feasible for change. As the Advocate, you have a special responsibility to guide and influence the process of change. That is the work of Advocacy.***

viii. **Learn and use the tools of Canvassing and Feedback**

Canvassing is different from research in that when you canvass, you are seeking opinions as to whether or not persons will support a given action, event, or process. You need only ask one or two questions when canvassing. If you are doing this work in an area where you already have allies, and have built support, you may simply want to know whether a sizeable group of persons would be willing to lobby a Member of Parliament or a Minister of Government, or sign a petition on behalf of a needed service. If appropriate, you can start getting signatures on the spot, or make a note of responses and do the actual organizing of an action at a later date.

Give **Feedback** to your community on the results of the issues canvassed, or on the findings from your own research study. This is a vital tool in building trust. Few researchers return to communities with a summary of data that they collected. In Advocacy work, this is a sure way to lose credibility.

ix. **Lobbying**

A lobby group may be large; however, only a few individuals need to act as a pressure group for a desired action. The desired result, whether

policy/legal change, or improved services at the community level, may be local or national in its reach. Consider whether the lobby action is more appropriate to be taken to Parliament, the office of the local councillor, or private business.

Lobbying is most effective if Advocates do follow up on the lobby initiative. Lobbying is not a one-time event. To achieve your goals, the process could take up to a year or more.

x. Petitioning

This tool is a useful ally of lobbying. It involves getting signatures for submission to politicians, government, or even private business. It can be sent by mail, e-mail, or delivered in person. You will need to give the person/institution petitioned time to read and respond. An ally inside who indicates how the petition is being treated is an asset. A face-to-face interview is often a logical follow-up to a petition.

Although petitions are usually intended for public sector officials who need to be sensitised, they can also be targeted at community members. For example, hoteliers in your community should do more to promote safe sex within the tourist industry. Petitions should not be used as threats to politicians or others, but as a form of persuasion to have continuous dialogue.

xi. Persuasive information dissemination

Experts, for example, in Human Rights, Law, or Sociology, can be critical resources for your work. They can be asked to make a presentation or facilitate a discussion you may be having with parents or adolescents. If you want to inform, convince, and help participants to reflect on different positions, the expert can offer information packaged in a way that is more persuasive than if you acted on your own. Using audio-visual equipment and examples from the international community can reinforce persuasion.

xii. Understanding the Power of Influence

All the tools discussed above are “**tools of influence**” To use these influential tools effectively, you need to:

- a) Study your targeted communities to determine who are the influential persons or leaders. They are sometimes called power brokers. “Dons” in urban centres wield awesome power, but not all Dons are wealthy. They simply understand power and influence. As an Advocate, you will want to use your influence more quietly than politicians, preachers, hoteliers, Reggae entertainers, or “Dons”.
- b) There are no **obstacles** only **possibilities**. Believe passionately that the change is possible.

- c) In order to build on your influential skills, you need allies within the group you are trying to reach.
- d) You will understand the power of influence better when you understand the *cultural context* (historical experiences) of your target community. There are different sub-cultural beliefs and values within the larger Jamaican and Caribbean culture. Music, religion, books, cable television, and travel all influence on each person's belief system. How our parents raised us and how we parent our children is a major influence on how we value ourselves and on what and where we place value.

There are cases in history of the power of influence being used destructively. There are many other cases where information is manipulated for propaganda purposes. This is not what you are about.

xiv. Working with the Media

Start working with the media. It is the most strategic aspect of your overall programme. Its power to influence cannot be overstated.

Do your homework before collaborating with the media.

You will need to study the reach, biases, and impact of different media on your “community”. Television, for example, may be biased towards sensationalism or having a problem-focus. Radio may be biased towards “Talk Shows” that represent opinions more than expert information. Newspapers may be more balanced, but reach a smaller audience. Get a sense of which media has had the greatest effect in shaping your community’s worldview.

You need allies in all media houses.

Be strategic in inviting media involvement

You will want to invite their support to your lobby actions; community petitions; or your programme for attitude and behaviour change. Summarize, in writing, the issues or actions you wish the media to support, and indicate how the media can be involved. Do not invite the media when you are exploring your support or response base, unless you know the publication of that story would accelerate interest. Do not violate community trust in speaking with the media. Get community approval for such an action. Involve community in speaking with the media.

Think local. Local media can be used advantageously. For example, IRIE FM in St. Ann can be recruited to support that parish’s advocacy

work. You could meet with the anchor person for their –“Sex Wise” programme and “Running African”, which are both aired weekly. RJR is equally popular and has a slot for Health issues. So does Radio Mona FM.

Many parishes have community newspapers, which can give you vital support, and boost their own sales. You may wish to submit articles in the Observer’s Health magazine, once you have a body of information that you want to disseminate on behalf of your community.

Be creative. Be your own medium for influencing public opinion. If your community is supportive, plan cartoon posters, or canvass their opinion on what type of posters they find effective. In the creative arena, invite dub poets or storytellers/dramatists to work with your community to introduce sensitive issues through entertainment and to support and guide local talents. Our people are gifted in theatre. Use this tool wisely. Involve the youth at all times.

9. Tips on the Effective Use of Tools

A tool is only as effective as the hands and mind that use it. The advocate needs to know when, where, how, and why to use a particular tool.

The impact of Culture

Why is it important to understand culture in your work? It is culture - the way of life of a people - that is going to guide organizations, industries, and the people of a country.

How does this understanding relate to your work as Youth Advocates?

Culture operates at two or more levels:

There is the culture of a people at the local level. Jamaicans, for example, can be easily identified when overseas, in spite of the fact that within Jamaica, class, colour, dress, or address may separate us.

Within the larger frame of things certain groups of people like the politicians, hoteliers, inner city residents, and, industrialists think and make decisions in a certain way. These persons operate within a 'culture'.

What is not culture? Culture is not annual events focused on dance, music, dress, and language typical of the Jamaican people. That is entertainment. Culture is the sum total of historical experiences that shape how a people, communities, or organizations, etc. see their world, their work, **and how they make decisions.** People are more than social, more than biological, they are **cultural.**

Why is this important to you as an Advocate?

Simply because, while you may have acquired various communication skills, you must also learn the cultural language and thinking of each special group. This will enhance your work with them.

You may wish to use cultural forms familiar to each group to engage their attention. The cultural approach you would use for a policy maker might be different from that of a councillor and different still from inner city residents.

Know the culture of your target group.

Know also that the history of how we shaped our attitudes and behaviours to sexuality, since plantation days, is fraught with conflicted and contradictory emotions.

As a people, we show evidence of having an almost unconscious memory of conflict and confusion about our sexuality in the “new world”. There are two main streams of influence – that of the Christian church, and popular culture. Thus, we have talk about “sin”, or bright girls who get pregnant while in secondary school, referred to as ‘having had a fall.’ Males are less ostracized by parents for getting a girl, of any age, pregnant. The culture, then, displays double standards. Parents want abstinence, but our cultural history may not support this ideal.

When to use Tools from your Tool Box

- a) *Identifying Allies, Networking, and Coalition or Community Building*, come early in your programme cycle, and using these tools is on going. You keep expanding your network of resource persons and allies as you get further into the work of research, planning, and implementing a plan. Unexpected resource persons will emerge as the process of your advocacy work unfolds, so you will be continuously networking and building alliances.
- b) *Research, Canvassing and Feedback* should be used to inform the planning phase. You will use these tools because you wish to gain or verify knowledge, and to build trust. If you have little experience in working in communities, the tools of

canvassing and feedback will help. You can consider a small, more formal research study later.

- c) Remember that our people are tired of “studies” and want tangible results (roads, water, jobs). So it is best to enter these communities with the support of your allies from within, and to treat initial visits informally.

Which Tools come later?

Lobbying and Petitioning are actions that come after much groundwork has been done, and when the community wishes to press forward for action. These are often tools of last resort, if earlier attempts to have dialogue have failed. Or, these tools can be used where the door to dialogue is open, but you wish to offer the community an experience in displaying their own power.

How you use tools is also important.

- a) You may wish to introduce yourself as a “Youth Worker” in the area of Health. Try not to accomplish everything in one session. Over time, you can clarify that you are working towards the sexual and reproductive health and well being of adolescents and are interested in working together to see that youth get the information and service

they need to assist them in making better decisions.

- b) Use informal entertainment or sports gatherings to facilitate getting to know youth in new communities. The coach or SDC Community Development Officer, who is already established in the community, can be a critical ally to build relationships, trust, and interest in your ideas and issues.

Once trust is established and interest engaged, you could plan with the community to have an evening of entertainment. Entertainment could take the form of a cultural performance, which is appealing to the community, such as dub poetry, to *inform as well as entertain*. A persuasive dub poet can assist you in building trust as well as a future action group.

Use all tools as expressions of the community and your network members' will.



10. Planning an Advocacy Initiative

Now you have built a Network, have key allies in strategic locations, have established trust with some influential players, and you wish to plan a major Advocacy Initiative.

This could be a lobby action, or a visit to Parliament, or a submission to Legislators.

This stage of planning helps you to review what you may have already done, or to make up for any shortfall in your preparatory work. Let us revise the steps:





STEP 1

Situation Analysis

- Identify a few main issues;
- Identify main organizations/institutions;
- Identify main players in each institution;
- Introduce yourself by telephone and in writing as needed;
- Document and store all data;
- Identify your key allies, catalogue skills, and slowly begin building a Network.

STEP 2



Social Research

Read, study, canvass opinions, and plan a small research study at the local level;

Continue building Networks, at this stage, with persons supportive of using data for action;

Know what
the priority
issues and
problems
are in
ASRH
from
different
viewpoints
and what
will your
network
work on.



STEP 3

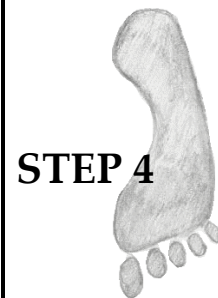
Advocacy Strategy

Design (with Network members) an overall advocacy strategy. This is your long-term plan. Design it as a diagram, e.g. a tree in the future.

Select the key messages and the target group for each message.

Do not try to do too many things at once.

Come to an agreement with your most reliable Network members, as to roles, responsibilities, and time to be spent. For example, who will water the tree, prune, or fertilize it or who will write or type, telephone, or keep records.



STEP 4

Plan an Initiative - Phase 1 of the Plan

Decide on a time frame for execution of your strategy;
Prepare a budget;

Identify roles in implementation and monitoring.

Your first Advocacy Initiative
gives you the opportunity
to test your skills and knowledge
as an
Advocate. You cannot fail.
You are building experience.

11. Planning and Managing a Network Meeting

Some tips

First, be clear about the **purpose** for organizing a meeting.

You may need to have a series of meetings with key individuals before you can plan an advocacy initiative, or build trust within a community. When you are clear on your objectives, you can go ahead with your plans.

You might want to ask the following questions before the meeting.

- Why have a meeting?

- Who will participate?
- What is the purpose of the meeting?
- How do I plan?
- How do I facilitate?
- What next?

Planning the meeting

It is best that you co-organize a meeting with community members, other youth advocates, or some special interest group. Community members are always the best ones to offer advice on venue, snacks to be provided, and the time of the meeting, given various work and church schedules.

Types of meetings

There are two main types of meetings,

- Community meeting;
- Network meeting

Either meeting could adopt one of two approaches; the non-hierarchical participatory meetings, or the semi-structured - formal meetings.

- a) A non-hierarchical meeting is one in which the advocate acts as a floating coordinator, functioning within a circle of meeting organizers. In this type of meeting, you do **not** need to use a set agenda. The chairing of the meeting can rotate,

depending on the ability of participants. Participants can sit in a circle, rather than in rows. In this way, you, the Advocate, can go around the circle, giving everyone an equal opportunity to contribute. This type of meeting can lay the foundation for identifying or building community leadership, exploring *feelings and ideas*, as well as information exchange. This is the preferred format if you wish to find out how persons *feel about different issues in ASRH*.

- b) In the semi-structural meeting, you may be the coordinator. You may be the one with **vital information** to share and importantly information to elicit from the group. Your task is to focus the meeting when participants stray from its *purpose*. An *agenda* helps to guide the meeting in specific ways. For example, who will speak in which order, including offering a prayer and thank you, and when to schedule discussion time. An important consideration is *who will record meeting notes*. A formal meeting may be more appropriate for disseminating information

You can compare the ease of arriving at consensus between the two types of meetings. The “circle” usually leads to a quicker and easier consensus, with more sustainable results. If you are having a series of meetings for information dissemination, with some discussion, and you have most of the information,

some aspects of **parliamentary procedures** can be useful. While you may not need to have a formal structure, with officers and advisors in place, or use “minutes” and “matters arising”, you will speed things along if you share a short summary of previous meetings, or of information which you have gathered, with participants.

At each meeting, **work towards an agreement or decision**, preferably one that everyone shares in, with individual responsibilities for follow-up and next steps carefully recorded for next meeting time. The next meeting will then start with a reference to the decision already taken, and progress made.

Keep meetings lively and use **humour** liberally. This helps to relax people for any more serious work ahead.

If the meeting is long and some people begin to get sleepy, take a break, and have someone take them through some stretches, or energizer/games.

In the discussion period, have a patient and sensitive listener facilitate, so that each contribution is treated with respect, questions are answered, where possible, or a commitment made to get the information needed.

Manage **time** judiciously but not rigidly. For example, if the discussion period comes at the end, and

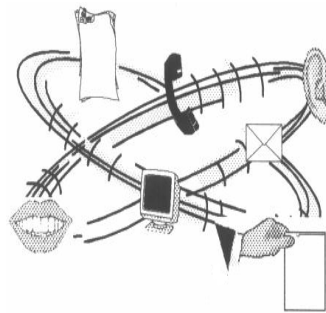
participants are deeply engaged in a topic and wish to continue past the allotted time, quickly check if persons wish to spend 15 or 30 more minutes on the topic. It is better to go over your allotted time by a few minutes than to cut a discussion at the point when persons are opening up.

In all meetings, there are **talkative and quiet participants**. Your meeting will be a greater success if both groups participate.

How do you communicate a planned meeting?

You have a choice of-

- Mail;
- E-mail;
- Hand deliveries;
- Telephone notification;
- Notice placed in Post Office;
- Word of mouth;
- Town crier;



It is best not to rely heavily on word of mouth, but to use it as reinforcement, if an open meeting is planned, for example, with community members. In that case, use your community allies to get written invitations out, as well as invite some persons verbally. For the best result, use a range of methods where possible.

There are certain **indicators** that you can use to determine whether you have had a successful meeting.

- i. Persons standing around continuing discussions after the meeting is over.*
- ii. Increase in attendance at follow up meeting(s)*
- iii. Attendance of “hard to reach” persons who, though they may initially stand at the back of the room, gradually move forward in subsequent meetings and start to actively participate.*
- iv. Evaluation report(s) from meeting(s) showing that objectives have been achieved, and progress is being made, even if it is slow in coming.*



12. Implementing your Advocacy

Strategy

A series of initiatives form the structure of your implementation strategy.

You are firmly in the implementation phase when you have successfully launched even one advocacy activity, and have clear plans for follow-up initiatives.

The following guidelines will support success in your implementation phase:

- The issues that you prioritise after your research or situation analysis phase are the issues you work on in the implementation phase.
- Your goal statement should be opposite of your problem statement. For example, if the problem you prioritise is the absence of a clear law on adolescent reproductive rights, and you find that, at the community level, there is inadequate provision of youth friendly SRH services and high rates of teenage pregnancy in some communities, your goal statement would be to **reverse these trends through the establishment of a law or policy on Youth Friendly Services (YFS)**.
- Monitor the progress and results of the implementation phase. This will give you the

opportunity to make adjustments to the execution of your plan as you go along.



SECTION 111

This section can be referred to before or after you have tested a few implementation strategies. It guides you through the scope of inevitable interpersonal differences that you will encounter, offers some tips on attracting and managing financial resources, and finally gives you examples of how success is achieved.

13. Typical Obstacles Faced by Youth Advocates

You are a passionate, committed, and well prepared advocate, yet after months of work, you are not sure of what effect your strategic initiatives are having. You may be struggling with some of the following:



SUSPICION

Resistance

priorities

ADULT RESISTANCE – Health service providers, private business persons, school staff, community leaders, and parents may not be convinced initially that young persons, no matter how enthusiastic they “work”, bring opportunities for change to them. In the area of ASRH, adults can hold rigid positions, be it actual or perceptual. These adults are *gatekeepers* to a place you wish to enter, so you must plan to break down resistances strategically. Choose a formal, rather than informal, meeting with most adults, and come armed with expert information or experts!

SUSPICIOUS POLITICIANS – Some politicians (formal and informal) feel that communities belong to them and that outsiders should get their approval before approaching key persons. You may wish to inform them early of your plans and court them, if

they are amenable, as a close ally in your networking circle. Politicians like to be given credit when things work, even when others do most of the work. See them, though, as *ones who can clear roadblocks and influence gatekeepers*.

SUSPICIOUS YOUTHS (in particular communities) –

Like politicians, there are youths who feel that they “own turf” and do not easily welcome “outsiders” with open arms. There are socio-economic and historical reasons for this. An apparently privileged young advocate, who has opportunities and information that they do not, can be viewed with suspicion. At the same time, they have opportunities that you do not have. They are your *counterparts*. Without them, your understanding of the world would not be complete. They may be functioning within rules, ethics, and codes that are different from yours. But when differences are learned and accepted and similarities acknowledged, trust can be built. Of course you are also depending on your community allies to introduce you to key persons, including the suspicious youths.

COMMUNITY PRIORITIES DO NOT INCLUDE

ASRH- The community members may be pre-occupied with lack of water, bad roads, unemployment, and day-to-day hardship in sending their children to school. They cannot *hear* your messages regarding ASRH. If you know or sense this

early, you will want to develop a *strategy*. One rule of thumb in transformation is *to start where people (who you wish to affect) are*. Your community meetings could include on the agenda, someone to address the need for work, or the poor infrastructure, *as well as* health issues including ASRH. Make the link. A youth friendly health service would benefit from reliable water supply or improved roads. An educated, empowered youth who feels valued by his community and can contribute to community development is less likely to be engaged in high-risk behaviour. Further, a community of adults and adolescents better informed of and in closer access to SRH services can learn to communicate more openly and can be empowered to address other challenges.

YOUR OWN ATTITUDES AND FEELINGS- You may surprise yourself, after you start your advocacy work, at the feelings and attitudes that surface *from inside of you*. It may seem normal to speak of “*them*” and “*they*”, but the attitude of seeing differences rather than likenesses can signal feelings of prejudice towards “*certain others*”, which can interfere with building the community and networking. *Try to use inclusive language when speaking with other young persons*. So say “*we*” rather than “*you*”.

“The world we (rather than “you”) live in brings us certain challenges that our (not “your”) parents do not understand”

You may also find that you become less certain about your stand on adolescent sexuality as you go deeper into your work. Things that the church and your parents taught you begin to be questioned under the persuasive arguments of others. Discuss feelings of conflict with a trusted advisor. Do not be distressed. It is a wise professional who examines and re-examines him/herself.



14. Working with Adults and Adolescents

It is important, here, to identify the similarities and differences in approaches when working with these two population.

Some tips for working with adults

In Jamaica (more than the rest of the Caribbean region) adults, whether parents, politicians, service providers, or private business owners, have been *taught* that it is correct to not show feelings to young persons. This is a cultural belief. In some cultures, parents hug, cry with and in front of, and express tender feelings to their offspring. This is true in some Caribbean societies, and those actions are seen as acceptable. It does not mean that because Jamaicans are more stoic, that we love our children any less. We are simply coming out of a post plantation experience where our fore parents had to mask feelings to ensure their and our survival to this day.

It helps if you recognize the following about adults –

- *Within every adult is a child;*
- *Many adults as children were never fully nurtured or given adequate information to prepare them for adult roles;*
- *Adults cannot teach what they do not know;*

- *Some parents, including older as well as those who are not much older than their children, are inadequately prepared for adult sexual roles;*
- *Some adults may have had traumatic initiation into sexual intercourse;*
- *Some parents/adults were punished and condemned for their earlier sexual encounters;*
- *Some parents feel guilty about their earliest sexual encounters;*
- *Some parents/adults are still learning about their sexuality, including their choice of partners. Adolescents' (especially girls) emerging sexuality can be seen as a threat depending on their earlier experiences or their feelings;*
- *Some health providers or school officials simply do not have the necessary information that supports a positive attitude towards adolescents. Their attitude often reflects what they have been taught;*
- *Many adults display a double standard in their response to male or female adolescent sexuality. Girls are more often condemned in cases of pregnancy or disease, although an equally uninformed male was her partner. Some adults and communities are silent when "their" males are implicated in girls' pregnancies, and silently support the male attitude of "waiting till the child is born to see if it is theirs". This may leave the girl unprotected as her family could put her out. She may also be unable, without her parents' support, to*

continue her education. On the other hand, the male's behaviour is expected and protected;

- *The church is a critical ally in your work if your goal is to change attitudes and behaviours. Much of what service providers (in education and health) believe and teach was learned in Christian homes and churches. Abstinence is seen as the ideal until marriage, based on principles in the Bible. However, the reality is very different from this ideal;*
- *There is a conflict within the culture between what adults want for young people in the area of SRH, what youth need, and the way we go about preparing adults emotionally and factually to address the real needs and concerns of youth.*

Some tips for working with adolescents

Adolescents are usually not aware of the experiences shown in their parents' behaviour, and so they may see them as being rigid and unapproachable. This awareness often times influences the level and type of communication between them.

Adolescents love to act on their feelings, this to the amazement of most adults. The "here and now" is what is important to them. Adults, on the other hand, would like them to think as they do, and this is not always possible.

Sublimation simply means that the adolescent, whether male or female, is ***more*** motivated to excel in

the social world than in acting out the powerful emotions and physical drives which overwhelm the adolescent years. They replace discovering themselves sexually, with discovering themselves socially, or in some area of excellence where recognition is given.

Many adolescents, because they function in an environment inadequate to meet their emotional, social, and creative needs, act out their expressions of self in sexual ways. This may place them at risk for pregnancy or contracting sexually transmitted infections. But their need to “*belong*” and “*their desire for affection*” are normal human needs, which they have not been taught to channel elsewhere.

It is often the *environment*, which does not build a sense of value and self-esteem in all youths. Class and economic status play a great role in Jamaican culture in affecting how much value is placed on each and every individual. In schools and in social situations, *value* can be given to adolescents based on *appearance, parental connections, address, use of English or effective use of the Jamaican language, money, superstar status, or leadership abilities.*



15. Attracting and Managing Funds

You have successfully networked and built a sense of community with significant adults and some young persons. Now you have one more hurdle to cross. There is no money to fund your network activities – to buy the stationery or pay the phone bill or place the advertisement in the paper. What must you do? You must attract funds and show your donors that you can manage funds well.

Attracting funds could be made easy if you have a transparent system to *manage funds*.

Let us look at how you would set up a system to receive funds, report on funds, and use funds *only* for the purpose intended.

Managing Funds

You have some choices:

- A bank account, which requires at least three signatures. All stakeholder representatives should agree to all signatories. This could be a chequing account or you could have your affiliate organization, which has an accounting system, manage funds.

- Your canvassing work comes in handy here. You may wish to canvass all significant members of your network on preferred signatories. Offer them choices. Verify, as best as you can, that the persons recommended as trusted signatories are trustworthy.
- Put in place a proper system of checks and balances, where funds are released for a transparent set of activities, and where all receipts are brought in, in a timely fashion. This might sound very complicated but there is no easy way for you to participate in money management systems.
- *Money carries an energy that most people respond to.* Unfortunately, all countries and many projects have a less than perfect history in money management.
- If the funds required are small, for example, to provide snacks for a social gathering as part of your networking efforts, the participants themselves can be asked to contribute. Over time, a moderate community fund can be amassed. Private business can then be approached to match funds, as the need for funding grows. If these funds are put in a savings account, the same rule of three

signatures may apply. The same caution of a system of checks and balances also applies.

- It is not advisable, under any circumstances, to lend money to an individual, no matter how worthy the cause, if the purpose of the loan is not related to the original intended purpose for which the funds should be used.

You, the Advocate, may not be personally involved in managing the funds of the network. However, you may wish to contribute to the setting up of a system of accountability for the network.

Attracting Funds- Fund Raising

- The Ministry of Health, within its Regional Authorities, occasionally has some unused funds for which you can apply. Their guidelines would indicate who and what they fund. You would not be applying for funds alone, or as an individual Advocate.
- International Agencies, such as USAID, have community projects, especially those related to youth development and/or SRH. However, these funds are usually invested in organizations to which you would apply for consideration.

- At the local level, the M.P. or Councillor, who is an active part of your network, can guide you in how to access funds under the Social and Economic Support Programme - SESP. There are competing demands for these funds, but this is a good opportunity to test your skills of persuasion and influence. Believe that you have a worthy cause and seek funding.
- Private business, if some alliance has been established, can be approached for modest funds, or other form of contribution. A contribution, in the low season for tourist visits, such as a day pass in their hotel for a group, can be worth more to the progress of your work than money in the bank.

All youth advocates, at some point, should be exposed to the skills of writing formal letters, writing proposals for funding, and keeping simple accounts, which an accountant can formalize. An accountant, or an advocate with training in accounts, is a vital ally or network member.

16. Some Useful Research Information

These are some basic facts that you should have at your fingertips:

- *The age of consent and the legal implications;*
- *Who is a “minor” in different situations, what their rights are and where these rights are enshrined;*
- *How lack of information can affect the provision of services to persons under 16 years;*
- *The Ministry of Health’s policy guidelines regulating the provision of health services to “minors”;*
- *The steps to follow in passing or changing a law in your country;*
- *The steps to follow to develop or change a policy related to ASRH;*
- *The precedent of the Gillick case in the United Kingdom, supported by the Ministry of Health, which gave medical practitioners freedom to give advice and treatment, including contraceptives, to teenagers under the age of consent on sexual and*

reproductive matters without parents' consent or knowledge.

Legal advice in Jamaica indicates an even stronger position if we codified legislative provisions in the Medical Act to avoid all doubt.

17. Success Stories in Advocacy

Within the popular culture, the media, especially television advertisements, is used by private business to influence the desires, aspirations, values, and standards of consumers. Products, which may be bad for health or which make false claims of creating “vim and vigour”, if consumed, are advertised daily. The main reinforcement used in television commercials to sell anything, from cars to ordinary drinks, is **sex**. It is important to study this, and to teach others to become aware of how sex is used to sell ordinary products.

The success of the media in influencing sexual behaviours and choices is immeasurable. The same media, however, can be used to influence more thoughtful, healthy, and self-protective choices. This is seen in the “*If love so nice, wait till the time is right*” set of advertisements and posters produced by Youth.now. More of this sort is needed.

The women's movement in the 1970's advocated for women's development. They waged successful campaigns, which accomplished legal reform and indirectly increased the number of women in university and college, over a period of two decades.

Advocacy work in Manchester and St. Elizabeth, by passionate youth workers, has resulted in Youth Friendly Services being offered to adolescents in both parishes where no specialized service was before.

Jamaicans for Justice has, in recent years, achieved some success in advocating for the rights of citizens in cases where "extra-judicial homicides" are alleged.

The Committee for the Upliftment of the Mentally Ill (CUMI), based in Montego Bay, has successfully advocated on behalf of the "street people" who were forcibly removed and left in St. Elizabeth. The settlement in that court case has provided for \$20,000.00 monthly for the care of those persons as restitution for the violation of their human rights.



18. Conclusions

Jamaica, in addition to the majority of Caribbean countries, is only now coming alive with pressure groups from civil society. This is a positive and fertile time, as human rights groups become more vocal and active, for an advocacy movement, on behalf of ASRH, to become visible and audible. ASRH would not have been addressed even 10 years ago, in this region, with much support. Adolescents were seen as having *limited rights in the area of their SRH*. Even at the Fourth World Conference on Women in Beijing in 1995, this subject was discussed but given a lower priority than issues of violence and poverty.

The prospect of treating ASRH as part of a wholistic movement that addresses the developmental rights and responsibilities of individuals, including you, places the subject at the centre of the country's development priorities. These include: violence, poverty, jobs as well as education, health, information, and the reason for uneven distribution of opportunities to and access of same by all citizens. The continued bias in access to services, experiences, and information by adolescents will, in the long run, have an effect on natural development. As an Advocate, you can help to change the trend.



Appendix 1

Declaration of Adolescent Sexual and Reproductive Health and Rights

We the delegates representing the youth of the Caribbean Region, supported by their governments and the Caribbean NGO community, having participated in the first Caribbean Youth Summit on Adolescent Sexual and Reproductive Health and Rights convened at the initiative and the assistance of the United Nations Population Fund (UNFPA) in collaboration with the Caribbean Community (CARICOM), the Commonwealth Youth Programme and the Government of Barbados in Bridgetown, from 5 to 7 of October, 1998, affirm and declare the following:

That all adolescents and young persons are entitled to the right of life, integrity of the person, and protection from arbitrary deprivation of life.

That no adolescent or young person's life shall be put at risk or endangered, whatever their sex/gender, race, colour, ethnic group, language, religion or any other opinion, sexual orientation, national or social origin, economic position, birth disability, or other status.

That no adolescent or young person should be subjected to any sexual and reproductive health care programme which is discriminatory against particular population groups on the basis of gender, sexual orientation, age, race, mental or physical disability.

That in full recognition of the rights to liberty and security, all adolescents and young persons have the right to clean, healthy custodial facilities devoid of sexual intimidation or harassment, separate and apart from adult detainees and in an environment that takes account of their sex/gender and age; that government provides facilities for rehabilitation and counselling for first time and young offenders, and that all existing legislation, relating to the above, be enforced.

That adolescents and young persons should have access to effective, confidential health care services, results of research, medical technology, and various types of medical treatment, especially when the withholding of such access would have harmful effects on their health and well being.

That adolescents and young persons should have access, commensurate with their individual level of development, to proper information and education on their rights and responsibilities including:

- . Sexuality and reproductive health;
- . Fertility regulation;
- . Health, developmental and life threatening risks of early and unprotected sexual behaviour;
- . Responsibilities for self as well as for their partners;
- . Other options including the exercise of discipline, self-esteem and self-control through and including abstinence and non-sexual expression of affection to one another.

That adolescents and young persons seeking assistance from health and social services on reproductive health and rights issues, should be given proper, professional, and non-judgemental information on these issues and be educated on options available to them including abstinence, the latest scientific knowledge on fertility regulation, health, development and life threatening risks of early and unprotected sexual behaviour, responsibilities to themselves and to their partners as well as other options including the exercise of discipline, self-esteem and self control, and non-sexual expression of affection to one another.

That adolescents and young persons are provided with needed services and/or given necessary referrals in an environment which is non-judgemental, that ensures their sense of dignity, privacy, and confidentiality with respect to their persons, personal and health data, types of services accessed or provided with on any aspect of sexual and reproductive needs and which takes account of their gender/sex and age.

That all adolescents and young persons, including those physically impaired, are assured the right to sexual and reproductive health services as part of primary health care which are comprehensive, accessible financially, physically, and geographically, and private and confidential, which pay due regard to the dignity and comfort of the person.

That all adolescents and young persons should be protected by all means, including legislation and effective law enforcement, from coercion into marriage/conjugal unions, unplanned pregnancy or sexual exploitation, forced sterilization and /or forced abortion and genital mutilation, and be entitled to free, independent legal representation.

That all adolescents and young persons should have the right, protected by legislation, to have a given name and parental surname and to acquire a nationality from either parent.

That all adolescents and young persons are ensured the right to have appropriate nutrition, basic and vocational education and other skills training to ensure their healthy and complete development into productive members of the society.

That all adolescents and young persons above the age of consent, as established by law, should enjoy the full range of rights and responsibilities required to manage their sexual and reproductive life, and that those under the age of consent should be provided with the medical health services and information required to assist them in their decision.

That all adolescents and young persons have the right to choose abstinence as an option and that this choice be respected as part of their right to make informed choices about controlling their sexuality.

That we move to ensure the passage of legislation enabling health professionals to provide sexual and reproductive health services to sexually active adolescents under the age of consent without their parents' consent, if:

- The adolescent, although under 16 years of age, will understand the doctor's advice;
- The adolescent cannot be persuaded to inform his/her parents or allow the doctor to inform them;
- The adolescent is very likely to begin or to continue having sexual intercourse with or without contraceptive treatment;
- The adolescent's physical or mental health, or both, is likely to suffer if he/she does not receive treatment;
- The adolescent's best interest requires the doctor to proceed without parental consent.

That all adolescents and young persons should be assured by legislation and effective law enforcement, the right to be free from any medical intervention especially related to their sexual and reproductive organs and health.

That no adolescent or young person below the age of majority shall be subjected to medical trials or experimentation related to sexuality or fertility regulation methods except with their full, free, informed, and written consent, including the consent of their parents.

That all adolescents and young persons should be assured, by legislation and effective law enforcement, the right to be free from all forms of violence and in particular, sexual violence and abuse, incest, rape, sexual exploitation and harassment, trafficking and abduction, torture, cruel, inhumane, and degrading treatment, and from coercion to engage in any unlawful sexual activity or use in prostitution or other unlawful sexual practices or in pornographic performances and materials.

That measures should be promulgated to protect the right of all adolescents and young persons to be free from externally imposed fear, shame, guilt, beliefs based on myths, and other psychological factors calculated to inhibit their overall

development. But, in particular, their present or future sexual and reproductive development or relationships.

That all adolescents and young persons be assured freedom from all forms of discrimination based on customary, cultural, religious, and social practices based on the concept of the inferiority or the superiority of, or stereotyped roles for, either of the sexes.

That the right of all adolescents and young persons to equal access to education and information to ensure their health and well being, including access to services relating to their sexual and reproductive health and rights, be protected by legal regulations and any other means.

22. *That all adolescents and youth* are assured, by legislation and effective law enforcement, the right to protection from discrimination in educational, social, domestic or employment spheres by reason of pregnancy, maternity, and paternity.
23. *That all pregnant adolescents and young females* are assured access to appropriate healthcare, educational, social and financial services, pre-natal, confinement, and post-natal health care with adequate nutrition during pregnancy and lactation.
24. *That all adolescents and young mothers and fathers* are assured of empowerment in parenting, family life education and appreciation, general development, and skills training.
25. *That all adolescents and young persons* are assured enjoyment (within existing legal restrictions for the protection of the rights of others) of freedom of thought, conscience, association, religion, expression, and opinion on all issues including those related to their sexual and reproductive lives, rights, and health.



Appendix 11

GLOSSARY

Alliance:	Partners working in helpful association with you to achieve a common goal.
Coalition:	Another way to describe a network of organizations, rather than individuals, working together towards a common policy objective.
Civil Society:	The people, the public, and their organizations that form the third arm of the structuring of the relationship with the public and private sectors.
Gender Bias:	The practice of favouring one sex over the other in attitude, services, or opportunities. Advocacy involves using strategies to promote equity in treatment between the sexes.
Human Rights:	The basic freedoms belonging to all human beings, regardless of age, sex, race, place of origin, education, or social standing.

Network:	A grouping of individuals and/or organizations willing to work together and assist one another in arriving at a shared policy goal.
Policy:	A Plan, set of guidelines, or direction for a course of action adopted by Government in various sectors, and usually approved by Cabinet.
Policy in, Analysis:	The study of the existence of, or of gaps in, the policy environment, with impacts on varying groups of policies within a country, or organization.
Policy Maker: change	A person, usually a Parliamentarian, who has the authority to create or change policies affecting groups or the entire country.
Strategy:	A focused and planned course of action with sustainable inputs and indicators, aimed at achieving lasting shifts in human behaviour.
Trans-formation:	This concept simply means that the change process is at work through your Advocacy work and other related

strategies in community or national development. Change can be either slow or rapid. But at the beginning or end of a change cycle, a new paradigm or framework emerges.

Persons who once held fixed positions- for or against-, move towards a greater display of flexible understanding.

Advocacy can play a large part in transforming sections of a society in its thinking and its actions.